STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255343	A. BUILDING _____ B. WING _____	08/18/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BEDFORD CARE CENTER OF PICAYUNE	2797 COOPER ROAD PICAYUNE, MS 39466

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F 000	INITIAL COMMENTS The State Agency (SA) conducted an annual recertification survey at the facility from 8/15/22 to 8/18/22. The SA determined the facility was not in compliance with the requirements for participation in Medicare and Medicaid and cited F567 and F656 during the survey. The census was 57 and the facility was licensed for 60 beds.	F 000		
F 567 SS=D	Protection/Management of Personal Funds CFR(s): 483.10(f)(10(i)(ii) §483.10(f)(10) The resident has a right to manage his or her financial affairs. This includes the right to know, in advance, what charges a facility may impose against a resident's personal funds. (i) The facility must not require residents to deposit their personal funds with the facility. If a resident chooses to deposit personal funds with the facility, upon written authorization of a resident, the facility must act as a fiduciary of the resident's funds and hold, safeguard, manage, and account for the personal funds of the resident deposited with the facility, as specified in this section. (ii) Deposit of Funds. (A) In general: Except as set out in paragraph (f)(l0)(ii)(B) of this section, the facility must deposit any residents' personal funds in excess of $100 in an interest bearing account (or accounts) that is separate from any of the facility's operating accounts, and that credits all interest earned on resident's funds to that account. (In pooled accounts, there must be a separate accounting for each resident's share.) The facility must maintain a resident's personal funds that do not	F 567		10/14/22

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Electronically Signed | 09/08/2022

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F 567	Continued From page 1 exceed $100 in a non-interest bearing account, interest-bearing account, or petty cash fund. (B) Residents whose care is funded by Medicaid: The facility must deposit the residents' personal funds in excess of $50 in an interest bearing account (or accounts) that is separate from any of the facility's operating accounts, and that credits all interest earned on resident's funds to that account. (In pooled accounts, there must be a separate accounting for each resident's share.) The facility must maintain personal funds that do not exceed $50 in a noninterest bearing account, interest-bearing account, or petty cash fund. This REQUIREMENT is not met as evidenced by: Based on interviews, record review, and facility policy review, the facility failed to ensure residents had readily available and reasonable access to their personal funds, seven (7) days a week, for one (1) of 30 residents with personal fund accounts. Findings Included: Record review of the facility's "Policy and Procedures Resident Trust", undated, revealed, " ...Access to Funds The residents shall have access to funds daily during normal business hours and for some reasonable time of at least two hours on Saturdays and Sunday unless approved otherwise by the resident council ..." On 08/15/22 at 08:39 AM, in an interview with Resident #35, he stated he has a trust fund at the facility, but he is not able to get any money on the weekends. If he wanted money for the weekend, he would have to request it on Friday. On 08/17/22 at 03:53 PM, in an interview with the	F 567	It is the policy of this facility to ensure residents have access to their trust funds 7 days per week. To ensure we achieved this with Resident #35, we offered him access to his Resident Trust fund and he was informed of the availably to access his Trust Fund on the weekends on 09-08-2022. Resident that have a trust fund have the potential to be affected by the alleged deficient practice. Residents will have access to their Trust Fund account 7 days per week, as per our policy. There will be a lock box positioned at Nurses Station that the Nursing Supervisor will have access to in order for the residents to have access to their trust fund on weekends from 2:00 PM - 5:00 PM. Business Office Manager will provide education to all staff about the residents ability to access the Trust Fund on the weekends by 09-16-2022. Business	

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F 567	Continued From page 2 Business Office Manager (BOM), she stated the residents can come to her anytime on Monday through Friday and get money from their account. She stated that the facility does not have anyone to give out the money on weekends, but the residents know they can get their money on Friday for the weekend. She "strongly encourages" residents to ask for any money they may need for the weekend on a Friday. On 08/17/22 at 04:02 PM, in an interview with Registered Nurse #1 (RN) Supervisor, she stated she works two (2) to three (3) weekends every month and she has never had access to resident funds in the one and half (1 1/2) years she has worked at the facility. On 08/17/22 at 04:19 PM, in an interview with Administrator, he stated the residents do not have access to funds on the weekends and he was not aware that residents wanted money on the weekends. Record review of Resident #35's "Admission Record" revealed the facility admitted him on 04/13/22 with diagnoses including End Stage Renal Disease and Essential Primary Hypertension. Record review of the Comprehensive Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 5/9/22 revealed a Brief Interview of Mental Status (BIMS) score of 15, which indicated Resident #35 was cognitively intact. Record review of the facility's "Trail Balance" listing, with resident trust balances as of 08/17/22, revealed Resident #35's name was on the list which indicated he had a trust account.	F 567	Office Manager will communicate this policy to the residents during resident council on 09-09-2022. Business Office Manager will audit our compliance with the new policy in order to insure the residents access to the trust fund weekly for 4 weeks, starting on 9-16-2022, then monthly for 3 months, and then quarterly until compliance is achieved. The results will be reviewed in monthly Quality Assement Assurance Committee meetings on 10-04-2022. The Plan of Correction will be integrated into the QAA process.	

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F 567	Continued From page 3 There was a total of 30 residents with trust accounts at the facility. Record review of Resident #35's "Resident Statement Landscape" revealed his last trust account transaction occurred on 07/29/22, which was on a Friday.	F 567		
F 656 SS=D	Develop/Implement Comprehensive Care Plan CFR(s): 483.21(b)(1) §483.21(b) Comprehensive Care Plans §483.21(b)(1) The facility must develop and implement a comprehensive person-centered care plan for each resident, consistent with the resident rights set forth at §483.10(c)(2) and §483.10(c)(3), that includes measurable objectives and timeframes to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment. The comprehensive care plan must describe the following - (i) The services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being as required under §483.24, §483.25 or §483.40; and (ii) Any services that would otherwise be required under §483.24, §483.25 or §483.40 but are not provided due to the resident's exercise of rights under §483.10, including the right to refuse treatment under §483.10(c)(6). (iii) Any specialized services or specialized rehabilitative services the nursing facility will provide as a result of PASARR recommendations. If a facility disagrees with the findings of the PASARR, it must indicate its rationale in the resident's medical record. (iv)In consultation with the resident and the resident's representative(s)-	F 656		10/14/22

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F 656	Continued From page 4 (A) The resident's goals for admission and desired outcomes. (B) The resident's preference and potential for future discharge. Facilities must document whether the resident's desire to return to the community was assessed and any referrals to local contact agencies and/or other appropriate entities, for this purpose. (C) Discharge plans in the comprehensive care plan, as appropriate, in accordance with the requirements set forth in paragraph (c) of this section. This REQUIREMENT is not met as evidenced by: Based on interviews, record review, and facility policy review, the facility failed to develop a comprehensive care plan for pain for two (2) of 19 sampled residents. Resident #20 and Resident #38. Findings Include: Record review of the facility's policy, "Care Plans - Comprehensive" with a review date of 8/2/22 revealed, "Policy Statement An individualized Comprehensive Person-Centered Care Plan that includes measurable objectives and timetables to meet the resident's medical, nursing, mental and psychological needs is developed for each resident ..." Resident #20 On 08/16/22 at 1:31 PM, in an interview Resident #20, she stated that she frequently has back pain that requires her to take pain medication. Record review Resident #20's "Order Summary Report" with "Active Orders As Of: 08/18/2022"	F 656	It is the policy of this facility to ensure residents have a comprehensive care plan for pain. To ensure we achieved this Resident #20 had a care plan for pain initiated and updated on 08-17-2022 and Resident # 38 had a care plan for pain initiated and updated on 08-17-2022. Residents that have experienced pain and do not have a comprehensive care plan have the potential to be affected by the alleged deficient practice. The facility will develop a comprehensive care plan for pain for all residents as needed. The Director of Nursing will create and utilize the Pain Management Care Plan Audit tool to ensure all residents pain management is properly care planned beginning 9-9-2022. All residents care plans were updated and reviewed by 9-7-2022 by the Director of Nursing. Director of Nursing will educate licensed staff on our policy for developing a comprehensive care plan on all	

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F 656	Continued From page 5 revealed a Physician's Order dated 11/5/21 for "Ultram Tablet 50 MG (Milligrams) ... by mouth every 6 hours as needed for pain". Record review of the Quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 6/15/22 revealed Resident #20 had a Brief Interview of Mental Status (BIMS) score of ten (10) which indicated she has moderate cognitive impairment. A review of Section J revealed Resident #20 had experienced pain "frequently" and the pain intensity was described as "moderate". Record review of Resident #20's care plan revealed there was no individualized Comprehensive Person-Centered Care Plan that included measurable objectives and timetables to meet the resident's medical, nursing, mental and psychological needs related to pain, although the resident had a physician's order for pain medication and the MDS pain interview indicated she experienced pain. On 08/18/22 at 10:26 AM, in an interview with the DON, she stated Resident #20's pain was controlled and she felt the resident did not need a care plan for pain. Record review of the "Admission Record" revealed Resident #20 was admitted by the facility on 10/1/21 with a diagnosis of Parkinson's Disease.	F 656	residents by 09-16-2022. Director of Nursing will complete the Pain Management Care Plan Audit Tool weekly beginning 9-16-2022 for 4 weeks, then monthly for 3 months, and then quarterly until compliance is achieved. The results will be reviewed in the monthly Quality Assessment and Assurance Committee meetings on 10-04-2022. The Plan of Correction will be integrated into the QAA process.	

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Resident #38

On 08/16/22 at 09:25 AM, in an interview with Resident #38, he stated that he has pain, especially in his right knee, because he had a motorcycle accident and suffered many broken bones. He takes pain medication as needed, every six (6) hours, and he must ask for it to be given to him.

A record review of Resident #38's orders revealed a Physician's Order dated 5/13/22 for "Oxycodone HCL Tablet 5 MG (Milligrams) every 6 hours as needed for pain."

A record review of the Quarterly MDS with an ARD of 07/11/22 revealed Resident #38 had a BIMS score of 13 which indicated he is cognitively intact. A review of Section J revealed Resident #38 received as-needed pain medication in the lookback period and had experienced pain "almost constantly" over the past five (5) days. The pain was rated as an "8" on a 0-10 pain scale.

A record review of the "Medication Administration Record" (MAR) for August 2022 revealed Resident #38 had been administered Oxycodone HCL 5 mg 42 times between 08/01/22 and 08/16/2022.

Record review of Resident #38's care plan revealed there was no individualized Comprehensive Person-Centered Care Plan that included measurable objectives and timetables to meet the resident's medical, nursing, mental and psychological needs related to pain, although the resident had a physician's order for pain

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medication, frequently requested the medication, and the MDS pain interview indicated he experienced pain.

A record review of the "Admission Record" revealed Resident #38 was admitted by the facility on 01/26/22 with diagnoses including Displaced Segmental Fracture of Shaft of Right Femur, Fracture of Right Tibia, Fracture of Left Pubis, Fracture of one Right Rib, Fracture of Right Foot, Wedge Compression Fracture of Vertebra, and Fracture of Distal Phalanx of the Right Thumb.

On 08/16/22 at 1:20 PM, in an interview with License Practical Nurse (LPN) #3, she stated Resident #38 usually complains of pain in his legs and the resident expresses the pain is relieved after the pain medication is given.

On 08/16/22 at 1:30 PM, in an interview with the Director of Nursing (DON), she stated the physician does not want to give routine pain medication and wants to continue the as-needed pain medications. She stated the nurses give the pain medication as ordered and provide nonpharmacological interventions (interventions other than medication), such as encouraging him to reposition. The DON reviewed Resident #38's comprehensive care plans and verified he had no care plan in place that addressed his pain.

On 08/16/22 at 1:50 PM, during an interview with LPN #2, MDS/care plans, she stated that she used the MDS assessment triggers to develop comprehensive care plans for residents. She confirmed that if a resident's pain triggers on the MDS assessment, there should be a care plan in place to address the resident's pain. She verified

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that a care plan was not developed addressing Resident #20 and Resident #38's pain and that typically the types of things on a pain care plan would include goals, interventions, medications, and nonpharmacological interventions. LPN #2 said that care plans are used by the nurses to assist with the resident's care. The care plans are visible on the computers/kiosks, and both nursing and Certified Nursing Assistants (CNAs) have access to view them.

On 08/16/22 at 1:55 PM, an interview with LPN #3 revealed the care plan gives the nurse the basic "rundown" on how to care for a patient properly. LPN #3 stated she views the care plans on the computer to find out "everything needed" to care for the resident.

On 08/16/22 at 2:01 PM, an interview with CNA #1 revealed that she looks at residents' care plans and Kardex on the kiosk to know how to give care to the residents.